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APPLICANTS

Danny D. Keller, Sanger, TX;

Steven K. Ettelson, Hollis, NH;

** CONTINUING DATA ***

** FOREIGN APPLICATIONS ***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	3	18	6
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

Manuel R. Valcarcel, Esq.
 Greenberg Traurig, P.A.
 1221 Brickell Avenue
 Miami, FL
 33131

TITLE

Pneumatic carrier

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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